No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5159

State File No. 537

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town N. Kansas City 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Rural Route No 8 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Christine Elizebeth Williams
3. (b) If veteran, name war no
3. (c) Social Security No. None
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Feb (Month) 3 (Day) 1948 (Year)
8. AGE: Years — Months — Days 2 If less than one day — hr. — min.
9. Birthplace Jackson Co. (City, town, or county) Kansas City, Missouri (State or foreign country)
10. Usual occupation infant
11. Industry or business —
FATHER
12. Name Glenn Orville Williams
13. Birthplace North Kansas City (City, town, or county), Missouri (State or foreign country)
MOTHER
14. Maiden name Bertie Lee Wallin
15. Birthplace Roosevelt (City, town, or county) Minnesota (State or foreign country)
16. (a) Informant Mrs. Bertie Williams
(b) Address Rural Route No 8 N. Kan City
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-6-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Barry Mo
18. (a) Signature of funeral director Morton-Smith F.H.
(b) Address 832 Armour Road North Kansas City Mo
19. (a) 2-6-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day fourth year 1948 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from 2-3-48, 19..., to 2-4-48, 19...; that I last saw h. alive on 2-4-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Infantile Sepsis
Due to Enlarged thymus gland
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 64
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Thelma Leon Dice (M. D. or other)
Address 2825 Norfolk Mo KCM Date signed 2-5-48

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Chester L. Fleming, Registered Apprentice No. #4447, working under my personal supervision.

Signed Theron D. Smith

Licensed Embalmer No. 3928

P. O. Address N. K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

--If this body is not embalmed, fact should be so stated above.